MEDICAID HOME AND COMMUNITY-BASED WAIVER
SCOPE OF SERVICES
FOR
NURSING SERVICES

A. Objective

The objective of Nursing services is to provide skilled medical monitoring, direct care, and intervention to maintain the participant through home support. This service is necessary to avoid institutionalization.

B. Conditions of Participation

1. Agencies desiring to be a provider of Medicaid Nursing services must have demonstrated experience in providing Nursing services or a similar service. Experience must include at least three (3) years of health care experience, one of which must be in administration.

2. Agencies must utilize the automated systems mandated by CLTC to document and bill for the provision of services.

3. Providers must accept or decline referrals from CLTC or SCDDSN within two (2) working days. Failure to respond will result in the loss of the referral.

4. The Provider must verify the participant's Medicaid eligibility when it accepts a referral and monthly thereafter to ensure continued eligibility. Providers should refer to the CLTC Services Provider Manual for instructions on how to verify Medicaid eligibility.

5. Providers may use paperless filing systems. When using electronic filing systems any documentation requiring signatures must be signed prior to scanning. Electronic records must be made available upon request, and providers must have a reliable back-up system in the event their computer system shuts down.

C. Description of Services to be Provided

1. The unit of service is one (1) hour of direct nursing care provided to the participant in the participant's place of residence. Services are not allowable when the participant is in an institutional setting. The amount of time authorized does not include travel time. Services provided without a current, valid authorization are not reimbursable.

2. The number of units and services provided to each participant are determined by the individual participant's needs as set forth in the participant's Service Plan/Authorization.

3. Nursing services Providers will provide skilled medical services as ordered by the physician performed by a registered nurse (RN) or licensed practical nurse (LPN) in accordance with state law.

D. Staffing

1. The Provider must maintain individual records for all employees.

2. The Provider must employ an RN or LPN that meets the following requirements:

a. Supervised by an RN;

b. Licensed to practice nursing by the State of South Carolina or by a state that participates in the Nursing Compact;

c. Has at least one year of experience in public health, hospital, or long term care nursing; and,

d. Has a minimum of six (6) hours relevant in-service training per calendar year (The annual six-hour requirement will be pro-rated during the nurse's first year of employment with the provider).

e. PPD Tuberculin Test

No more than ninety (90) days prior to employment, all staff having direct participant contact shall have a PPD tuberculin skin test, unless a previously positive reaction can be documented. The two-step procedure is advisable for initial testing in those who are new employees in order to establish a reliable baseline. [If the reaction to the first test is classified as negative, a second test should be given one to three weeks after the first test. If the second test is classified as negative, the person is considered as being uninfected. A positive reaction to a third test (with an increase of more than 10mm) in such a person within the next few years, is likely to represent the occurrence of infection with M. Tuberculosis in the interval. If the reaction to the second of the initial two tests is positive, this probably represents a boosted reaction, and the person should be considered as being infected.]

In lieu of a PPD tuberculin test no more than 90 days prior to employment, a new employee may provide certification of a negative tuberculin skin test within the 12 months preceding the date of employment and certification from a licensed physician or local health department TB staff that s/he is free of the disease.

Employees with reactions of 10mm and over to the pre-employment tuberculin test, those with newly converted skin tests, and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment must be given, and the person must not be allowed to work until declared noncontagious by a licensed physician.

Routine chest radiographs are not required on employees who are asymptomatic with negative tuberculin skin tests.

Employees with negative tuberculin skin tests shall have an annual tuberculin skin test.

New employees who have a history of tuberculosis disease or have had a positive TB test and have had adequate treatment shall be required to have certification by a licensed physician or local health department TB staff (prior to employment and annually) that they are not contagious. Regular employees who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician or local health department TB staff, and must not return to work until they have been declared noncontagious.

Preventive treatment should be considered for all infected employees having direct participant contact who are skin test positive but show no symptoms of tuberculosis. Routine annual chest radiographs are not a substitute for preventive treatment. Employees who complete treatment, either for disease or infection, are exempt from further routine radiographic screening, unless they develop symptoms of tuberculosis. Employees who do not complete adequate preventive therapy should have an annual assessment for symptoms of tuberculosis.

Post exposure skin tests should be provided for tuberculin negative employees within twelve (12) weeks after termination of contact to a documented case of infection.

Providers needing additional information should contact the Tuberculosis Control Division, Department of Health and Environmental Control, 1751 Calhoun Street, Columbia, S.C. 29201, phone (803) 898-0685.

3. The Provider must conduct a criminal background check for all potential employees to include employees who will provide direct care to CLTC/SCDDSN participants and all administrative/office employees. At a minimum, the criminal background check must include statewide data. Potential employees with felony convictions within the last ten (10) years cannot provide services to CLTC/SCDDSN participants or work in an administrative/office position. Potential employees with non-violent felonies dating back ten (10) or more years can provide services to CLTC/SCDDSN participants under the following circumstances:

    - Participant/responsible party must be notified of the nurse's criminal background
    - Documentation in the participant record signed by the participant/responsible party acknowledging awareness of the nurse's criminal background and agreement to have the nurse provide care.

Potential administrative/office employees with non-violent felony convictions dating back ten (10) or more years can work in the agency at the discretion of the provider.

Hiring of employees with misdemeanor convictions will be at the discretion of the provider. Employees hired prior to July 1, 2007 will not be required to have a criminal background check.

4. The Provider must check the Office of Inspector General (OIG) exclusions list for all staff. Anyone appearing on this list is not allowed to provide services to waiver participants or participate in any Medicaid funded programs. The website address is:

OIG Exclusions List - http://www.oig.hhs.gov/fraud/exclusions.asp

The Provider must verify nurse licensure and license status at the State Board of Nursing website. http://www.llr.state.sc.us/pol.asp

5. Each September the Provider must submit a statement certifying that all professional staff are appropriately and currently licensed.

6. In addition, services must also adhere to the following:

   a. The RN supervisor must be accessible via beeper/phone at all times the RN or LPN is on duty; and,

   b. The RN supervisor must decide the frequency of supervisory visits based on his/her professional knowledge of the participant's situation and health status; however, this may be no less frequently than every 90 days for LPNs and every 180 days for RNs. In the event the participant is inaccessible during the time the visit would have normally been made, the visit must be completed within five (5) working days of the resumption of Nursing services. These visits will include a re-evaluation of the participant's condition as well as updating of the plan of care.

E. Conduct of Service

The Provider must maintain documentation showing that it has complied with the requirements of this section. An individual participant record must be maintained.

1. The Provider must obtain the Plan of Service/Authorization from the CM/SC prior to the provision of services. The Authorization will designate the amount, frequency, and duration of service for participants in accordance with the participant's Plan of Service. This documentation must be maintained in the participant's file.

2. Prior to the initiation of Nursing services, the Provider must conduct an assessment and develop a plan of care. This must be done by an RN. If services are to be provided by an LPN, the plan of care must be developed by the RN supervisor. The Provider must send the plan of care to CLTC/SCDDSN which includes treatment plan and goals. If applicable, recommendations to change the service schedule from the initial authorization may be sent to CLTC/SCDDSN. **For CLTC Participants:** this visit must be recorded in Care Call.

3. If there is a break in service which lasts more than sixty (60) days, the supervisor is required to conduct a new initial visit and subsequent visits as indicated above.

4. The Provider is responsible for procuring the direct care skilled nursing orders from the physician. The physician's orders must be updated at least every 90 days and maintained in the participant record.

5. Nursing services must begin on the date negotiated by CLTC/SCDDSN and the Nursing services provider. Payment will not be made for Nursing services provided prior to the authorized start date.

6. The Provider must notify CLTC/SCDDSN within two (2) working days of the following participant changes:

   a. Participant's condition has changed and the Plan of Service no longer meets the participant's needs or the participant no longer needs Nursing services;

   b. Participant is institutionalized, dies or moves out of the service area;

   c. Participant no longer wishes to receive the Nursing services; or

d. Knowledge of the participant's Medicaid ineligibility or potential ineligibility.

7. The Provider must maintain a record keeping system which documents:

a. **For CLTC participants:** The delivery of services in accordance with the CLTC Plan of Service. The Provider will maintain daily notes reflecting the nursing services provided by the nurse for the participants. The Provider shall not ask the participant/responsible party to sign any nursing notes. The nurse's note must be reviewed, signed, with original signature (rubber signature stamps are not acceptable), and dated every two weeks by the supervisor. Nursing notes must be filed in the participant's record within 30 days of service delivery.

b. **For DDSN participants:** The delivery of services and units provided in accordance with the service authorization. The Provider will maintain daily notes reflecting the Nursing services provided by the nurse for the participants and the actual amount of time expended for the service. The daily logs must be signed weekly by the participant or family member. The nurse's note must be reviewed, signed with original signature (rubber signature stamps are not acceptable)and dated every two weeks by the Supervisor. Nursing notes must be filed in the participant's record within 30 days of service delivery.

c. All active participant records must contain at least two (2) years of documentation to include nurse's notes, service plans, authorizations, supervisory visit documentation, etc. Per Medicaid policy, all records must be retained for a period of at least five (5) years.

8. A summary of services provided must be sent to CLTC/SCDDSN monthly.

F. Administrative Requirements

1. The Provider must inform CLTC of the Provider's organizational structure, including the Provider personnel with authority and responsibility for employing qualified personnel, ensuring adequate staff education, in-service training, and employee evaluations. The Provider shall notify SCDHHS within three (3) working days in the event of a change in or the extended absence of the personnel with the above listed authority.

2. The Provider must provide SCDHHS with a written document showing the organization, administrative control and lines of authority for the delegation of responsibility down to the hands-on participant care level staff at contract implementation. The document shall include an organizational chart including names of those currently in the positions. Revisions or modifications to this organizational document must be provided to SCDHHS. It is recommended that this document be readily accessible to all staff.

3. Administrative and supervisory functions shall not be delegated to another agency or organization.

4. The Provider agency must acquire and maintain for the duration of the contract liability insurance and worker's compensation insurance as provided in Article IX, Section D of the Contract. The Provider is required to list SCDHHS – CLTC as a Certificate Holder for informational purposes only on all insurance policies using the

following address: Post Office Box 8206, Columbia, SC 29202-8206.

5. The Provider will ensure that its office is staffed by qualified personnel during the hours of 10:00 am to 4:00 pm. Outside of these hours, the Provider agency must be available by telephone during normal business hours, 8:30 am to 5:00 pm, Monday through Friday. The Provider must also have a number for emergencies outside of normal business hours. Participant and personnel records must be maintained at the address indicated in the contract and must be made available, upon request, for review by SCDHHS.

6. The Provider must develop and maintain a policy and procedure manual which describes how it will perform its activities in accordance with the terms of the contract. The Policy and Procedure Manual shall be available during office hours for the guidance of the governing body, personnel and will be made available to SCDHHS upon request.

7. The Provider must have an effective written back-up service provision plan in place to ensure that the participant receives the nursing services as authorized. Whenever the Provider determines that services cannot be provided as authorized, the Case Manager/Service Coordinator must be notified by telephone immediately.

Effective July 1, 2009

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ADDENDUM

Nursing Services to High Risk/High Tech Children:

The Department of Health and Human Services has established a separate classification and compensation plan for Registered Nurses (RN) and Licensed Practical Nurses (LPN) who provide services to medically fragile children under the age of 21 who are ventilator dependent, respirator dependent, intubated and require parental feeding or any combination of these conditions.

In addition to the staffing requirements outlined in Section D.1, the RN or LPN must have documented experience to care for these children that is over and above normal home care or school based nurses.

If the above requirements are met, the provider will be paid an enhanced rate for High Risk/High Tech RN and LPN services as indicated below:

RN rate: $36.00 per hour
LPN rate: $28.00 per hour

Effective: July 1, 2009